DOCUMENT RESUME

ED 372 564 EC 303 196

AUTHOR Ulloa, Celeste
TITLE Developing Affective Skills in Mothers To Reduce Antisocial Behavior in Children.
PUB DATE 7 Jun 94
NOTE 109p.; Ed.D. Practicum Report, Nova University.
PUB TYPE Dissertations/Theses - Practicum Papers (043) -- Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS *Affective Behavior; *Antisocial Behavior; *Behavior Change; Behavior Problems; Emotional Development; *Emotional Disturbances; Intervention; *Mothers; Parent Child Relationship; *Parent Education; Program Effectiveness; Special Classes

ABSTRACT

This practicum attempted to modify the antisocial behavior of 25 early adolescent children classified as having emotional disturbances by a training program to facilitate the development of affective skills in their mothers. The 8-month training program involved discussion groups, social activities, and individual and/or small group meetings with the program developer. In the colloquia, mothers were exposed to issues concerning affective development using the taxonomy of Benjamin Bloom. Interactions between mothers and their children were observed during social activities and in home visits. Program evaluation indicated program success as indicated by high attendance of mothers at the colloquia and other meetings, observed improvements in affective skills, a gain in knowledge of factors that alter children's behavior, and a reduction in the recorded number of incidents of antisocial behavior by the children. Appendices include the intervention contract, the affective skills inventory, and a sample certificate of completion. Contains 20 references. (DB)

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Developing Affective Skills in Mothers to Reduce Antisocial Behavior in Children

by

Celeste Ulloa

Cluster 38

A Practicum II Report Presented to the
Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Nova University
1994

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APPROVAL PAGE

This practicum took place as described.

Verifier: _____

Martin Mineroff
Name

Principal PS 140 at J 275
Title

985 Rockaway Ave. Brooklyn, N.Y. 11212
Address

4/18/94
Date

This practicum report was submitted by Celeste E. Ulloa under the direction of the advisor listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

June 7, 1994
Date of Final Approval of Report

Mary Ellen Sapp, Ph.D.
Mary Ellen Sapp, Ph.D., Advisor

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ACKNOWLEDGMENTS

I dedicate this work to my mother, Milagros, and to my sons, Richard, Franklin, Christopher, and Victor.

I express deep appreciation for the participating mothers and their children without whom this project would not have been possible.

My sincere gratitude to the school principal, Mr. Martin Mineroff, for granting permission for the project and for his kindness in allowing the use of the school facility for the meetings; to the participating teachers, Sandra McDuffee, Edilberta Rodriguez, and Sheila Talansky; and to the paraprofessionals whose contribution facilitated the monitoring of the children's progress.

Thanks to all the professionals who shared information with the group, especially Dr. Marilyn Camacho, Mr. Diosdado Diaz, Mrs. Vera Cheek, Ms. Judy Thau, and Ms. Beverly Adams.

Special thanks to Ms. Denise E. Sobers-Wright, Chapter I Reading Specialist, for providing the writer with opportunities to observe the participating mothers in social interactions; and to Lourdes Cabrera-Avila and Zenalda Jean-Pierre for their constant support.

My heartfelt gratitude to Dr. Mary Ellen Sapp for guiding me once again through this learning experience.

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ABSTRACT

Developing Affective Skills in Mothers to Reduce Antisocial Behavior in Children. Ulloa, Celeste R., 1994: Practicum II Report, Nova University, Ed. D. Program in Child and Youth Studies. Descriptors: Antisocial Behavior/Behavior Modeling/ Behavior Modification/Behavior Management/Parent Training/ Parental Involvement/Parent-teacher Cooperation/Parental Skills/Mother-Child Interactions/Affective Skills.

The goal of this practicum was to modify the antisocial behavior of early adolescent children, with average and above average intelligence classified as emotionally disturbed, and placed in a restrictive special education environment in the writer's work setting. To reduce the children's antisocial-behavior patterns, the writer provided a training program to facilitate the development of affective skills in the mothers of these children.

The solution strategy covered an 8-month period of participation that included the mothers attending discussion meetings with other mothers, attending social activities, and meeting individually or in small groups with the writer. In the colloquia the mothers were exposed to issues pertaining to the affective domain, as outline by Bloom (1964) in his taxonomy of the affective domain. The writer observed the participating mothers in their interactions with their children during social activities, and at home. The children's behavior was recorded throughout the intervention period by the teachers, the mothers, and the writer.

Analysis of the participating mothers' attendance records at the colloquia and at the meetings with the writer suggested their degree of compliance to modify their children's antisocial behavior. Analysis of affective skills showed the improvement of social skills produced as a result of the intervention experience. The pre-post intervention analysis of family problems suggested a gain in knowledge on the factors that alter the children's behavior. Reduction in the recorded number of antisocial behavior of the children suggested a positive relationship with the improvement in their mothers' social skills, thus fostering the children's future movement toward a less restrictive educational environment.

Permission Statement

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Celeste R. Ulloa

Celeste R. Ulloa

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CHAPTER I

INTRODUCTION

Description of Work Setting and Community

This practicum took place in an innercity school district with a multicultural, multiethnic population of middle to low socioeconomic strata. The largest ethnic representation in the district was of African-American children who comprised 82% of the total population. A mixture of Latin American (first to third generation) immigrants comprised 17%, and the remaining 1% was composed of people from white and Asian ethnicity. The district mentioned was one of the two smallest districts in the city. It comprised 18 schools from which 14 were elementary, two intermediate, and two junior high schools. The district had a citywide special education program housed in several schools throughout the district, which was designed to serve the needs of children who faced severe disabilities and children who needed a specialized instructional environment (SIE). This component of the special education system was designated as P.140.

The district had a student population of approximately 14,000 students from whom 1,798 were currently enrolled in 135 special education classes. This student body was served by 5,000 teachers and related service providers.

Writer's Work Setting and Role

The setting where this practicum took place was one of the citywide specialized instructional programs within the district. This program was housed in a junior high school building located in a poor sector of a large metropolitan area. It was a P.140 school that served the educational needs of children enrolled in two programs: those with dual category of mentally retarded and emotionally disturbed and those students categorized only as emotionally disturbed. These students were placed in a Specialized Instructional Environment designated as SIE VI or SIE VII respectively. This P.140 school had the capacity for serving 140 students but during the practicum implementation it served 100 students, 75 of them enrolled in the SIE VI program and the remaining 25 students placed in the SIE VII program. All of the students in the P.140 school came from the middle to low socioeconomic strata and from different schools districts in the city. The students traveled to the assigned school either by school bus or by city bus. The ethnic and cultural composition of the student population within the P.140 school reflected the composition of the geographic district in which the school was located.

The target population for this practicum consisted of the 25 mothers and their 25 children who attended the SIE VII program at the writer's work setting. The target population of students was 20 boys and 5 girls, all of them

between the ages of 11 to 15 years who were classified as emotionally disturbed, who were functioning in the average and above average range of intelligence. These students were grouped in three classes with their respective home-class teacher and at least two paraprofessionals per class, totaling three teachers and more than six paraprofessionals. Some students presented behavior that was severe enough to warrant the service of an individual management paraprofessional. The targeted children had a variety of life experiences. Some of them came from intact families, others experienced the loss of both parents and were placed in foster homes, and others were being cared for by grandmothers and relatives due to parental drug involvement.

The target population of "mothers" comprised 25 women categorized as natural mothers, grandmothers, stepmothers, adoptive mothers, and foster mothers. The writer had classified them as mothers because they were the primary caretakers and legal guardians fulfilling the maternal role for these children. These mothers ranged in age from early 30s to early 60s. Twenty of them were from African-American ethnicity, while the others were Hispanic. Their educational backgrounds were diverse: no-schooling, high school graduates, or some college courses. They also have a diversity of occupations such as houseworkers, welfare recipients, factory workers, and paraprofessionals.

The writer is a bilingual Spanish school psychologist assigned to this school as a member of the School Based Support Team, who also served at the district level. In this capacity the writer's responsibilities entailed: conducting psychological evaluations of students to determine appropriate special education placement and services; observing students in the classroom; consulting with teachers; participating in educational planning conferences along with other team members, parents, and other service providers; and counseling of students with emotional or academic difficulties. The writer maintained close lines of communication with the faculty and administration of the school.

Besides the responsibilities as a school psychologist at the P.140 school, the writer also served the school as a mentor to one school-psychologist intern, and as the field work supervisor of a graduate school-psychology student. With both the psychologist-in-training and the graduate student, the writer engaged in a variety of activities related to the field of school psychology. The primary function as a direct supervisor of the intern was the supervision of her assessment, her report writing, her counseling methods, and types of consultation with teachers. The focus as the supervisor of field work for the graduate student was on the development of skills in psychological testing and their interpretation. The writer also provided

both the intern and the graduate student with exposure to various strategies such as interpretation of testing results, case presentation, and discussion of cases.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

Many students enrolled in the practicum setting experienced a variety of social, medical, and intellectual problems that they tended to manifest in their functioning within the school setting. They were of average and above average intelligence, classified as emotionally disturbed, and were placed in a restrictive specialized instructional environment (SIE VII) for more than an academic year. However, they continued to exhibit antisocial behavior within the classroom, in other areas of the school, and in the school bus. The negative behavior ranged from getting out of the seat, to fighting, posing physical threats particularly directed toward women, challenging adults' authority, using foul language, being defiant, destroying school property, leaving the school building, wandering on the streets, stealing, and disrupting the school bus driver while the bus is in motion. The children's antisocial behavior interfered with their achievement of expected academic outcomes and with the learning process of other children in their academic setting.

According to the manual of Educational Services for Students with Handicapping Conditions published by the school district, children with severe emotional disturbances

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require a higher and diverse level of active intervention to engage in learning and to modify their behavior within the classroom, the school, and the community setting. The SIE VII program, in which the targeted children for this intervention were placed, was designed to provide the children with intensive social and emotional support while providing academic instruction according to the general education curriculum. One component of the program was designed to provide behavior management, guidance, crisis intervention, family work, and psychological services for the students.

The other component of the SIE VII program was geared toward providing parent counseling-education to enable parents to do appropriate follow-up activities at home. It was in this parental component that the writer perceived the reason the children in her work setting continued to exhibit inappropriate social behavior. Though the SIE VII program had guidelines and demands that required the active participation of parents in the educational process of the children, this parental intervention was not taking place or was ineffective. The writer understood that the mothers of the identified group of children lacked the necessary insight to be effective in their participation in their children's education and were ineffective trying to structure their children's behavior. The mothers of some

of these children needed to develop effective ways to help their children to decrease their antisocial behavior.

Problem Documentation

In the writer's work setting there was a growing concern of the principal and assistant-principal of the school, the teachers, and other school personnel who saw a negative behavior pattern exhibited by some children placed in the SIE VII program. In consultation with the writer, the administrators, the teachers, and the school guidance counselor described the negative behavior as those previously mentioned. The administration of the school expressed a feeling of vulnerability in that situation due to the legal obligation that they had to ensure the children's safety while on school premises and in the school bus. These SIE VII personnel told the writer that efforts geared toward resolving the problem via the participation of the parents have proved ineffective. They gave two reasons for this situation: either most of the mothers did not perceive that behavior as problematic, or they were unable to correct the children's troublesome behavior.

In interviews with SIE VII special education teachers and school personnel, they revealed that the efforts of school personnel to control these children's behavior were not effective. Some teachers had requested reevaluation of some of these students to secure educational placement in

more restrictive settings. When the writer spoke with individual teachers concerning this problem, they could identify particular students who tended to show a severe antisocial pattern of behavior. The writer was invited to observe these students in different activities within the school setting. The writer could witness the students while they displayed some identified antisocial behavior in the classroom, in the lunchroom, and in the gym class. In interviews with SIE VII special education teachers and school personnel, they revealed that the efforts of school personnel to control these children's behavior were not effective if the mothers were not involved in the process.

The writer also reviewed the students' records including social histories, psychological assessments, and sometimes, psychiatric reports. These records and informal personal and phone interviews with some mothers suggested that the identified group of students presented similar dysfunctions in their home environment. Most of these children have had negative life experiences, such as the loss of a natural parent and subsequent placement in foster care. The process of adjustment from one home to the next had resulted in the children's tendency to disregard authority and had prompted them to exhibit aggressive tendencies and difficulties to adjust to school norms. In most of the cases their mothers were not prepared to handle these children, they lacked the necessary skills and methods

for properly guiding their children and for teaching them socially accepted behavior. In the cases in which the children had remained under the natural mother's care, the mothers had also displayed the lack of necessary parental skills to monitor their children's behavior.

In interviews with the mothers of the targeted children, the writer found that these mothers lacked knowledge of the school's current approach in controlling the behavioral problems of their children. Consultation with these mothers also revealed that they feel that their participation in their children process was not as effective as expected. Some of them said that they controlled their children at home, and that it was the teachers' responsibility to control them at school. These mothers expressed frustration about being frequently called to the school to discuss their children's problematic behavior. They also expressed a feeling of powerless in dealing with the situation on their own. They verbalized feelings of isolation, triggered by their own family circumstances and exacerbated by the children's improper school adjustment.

The writer observed mothers interacting with their children in the school setting. She noted that some of these mothers exhibited the same type of inappropriate social behavior that their children exhibited, thus providing the youngster with a poor model for socially accepted behavior. The writer also observed that some mothers lacked the

necessary parental skills to structure their children's behavior effectively.

Causative Analysis

The reasons for the continuation of antisocial behavior in children classified as emotionally disturbed, despite being placed in a very restrictive educational environment, are related to different factors. Children's individual characteristics such as age, gender, culture, race, social class, or deviant peer pressure have been mentioned as important factors that might foster the antisocial behavior and have to be considered as possible causes for deviant behavior. According to Booth, Spieker, Barnard, and Morisset (1992), the environmental conditions associated with a child's difficult temperament might precipitate the onset of the antisocial behavior. Barkley (1987) also mentioned the difficult temperament as one of the children's characteristics that predispose them toward engaging in deviant behavior. He also mentioned other children's characteristics such as an inherited predisposition toward thought disorders, psychotic behavior, and impulsiveness. Furthermore, he cited the personal activity level, attention span, impulse control, response to stimulation, habits, physical characteristics, and developmental abilities as other characteristics that may place the child at risk for behavioral problems.

The family environment has also been cited as a factor to assess for its impact in fostering the student's development of social skills, i.e., identification with the parental figure, parent's modeling, or ineffective parent skills. In the family environment, the mother's characteristics and mother-child relationships have been examined to see the effects on the child's development of social skills. In the writer's review of records of the students serving as the target population for this practicum, she found a possible dysfunction on the part of the mothers of the identified youngsters that precluded them from properly-guiding their children and from teaching them socially accepted behavior. For instance, some of these mothers lacked effective parent skills to assert themselves as the head of the household and, as such, model appropriate behavior and establish realistic expectations for their children. These mothers exhibited limited interactions and poor relationships with their children and with other family members. They also lacked consciousness of their own realities and choices, and lacked awareness of their role as societal leaders conferred to them through motherhood. They missed the necessary skills and knowledge to cope with changes in the family structure and the arrival of new roles, i.e., sole head of household without a husband or a partner. Besides personal characteristics, these mothers had limited economic resources, had a low level of educational

achievement, and lacked the knowledge of the services provided in the community to solve some the problems that they encounter.

The students identified by the writer as her target population shared not only an impoverished environment in terms of monetary access and limited educational background, but also a dysfunctional family situations. The women who fulfilled the maternal role for these children were isolated from their own community because their affective skills were very basic and insufficient to sustain them in meaningful relationships with friends and neighbors. These women, though well meaning, lacked the social sophistication necessary to deal with agencies in charge of providing services for children.

Relationship of the Problem to the Literature

The review of literature indicated that the presence of antisocial and inappropriate behavior in children of average and above average intelligence is closely related to the children's personal characteristics, social environment, home structure, family life, and familial relationships. Researchers such as Barley (1987) and Booth et al. (1992) mentioned that children's factors such genetic, congenital, medical history, and personal temperamental conditions render the children at risk of developing antisocial behavior patterns.

Studying the impact of the environmental conditions, Booth et al. (1992) described negative environmental conditions such as poverty, crowded living conditions, constant family crisis, maternal depression, lack of social support, and marital distress as factors that place the children at higher risks for developing deviant behavior. Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan, and Mac Iver (1993) argued that when there is a disagreement between the social environment, i. e., parental control and the needs of the early adolescent children, the result is a negative psychological change in the adolescent development that might result in misconduct, academic failure, and school dropout.

The literature provided support to the claim that there is a consensus between researchers and experts in the behavioral sciences and education fields that parents are directly influential upon their children's behavioral patterns. There is also concern regarding the lack of effectiveness of the parents in controlling antisocial behavior of children. Rosenbaum (1989) and Sheridan & Kratochwill (1992) stated that the quality of parent-child interaction and family cohesiveness have been identified as the source of children's inappropriate behavior. Rosenbaum (1989) indicated that weak parental attachment influences negatively the youth's control over their behavior. Morash and Rucker (1989) found a strong relationship between early

childbearing families and children's delinquency. Rosenbaum (1989) found a direct relationship between female adolescent delinquency and their family structure, such as single-parent homes, parental criminality, family violence, poor parent-child relationships, family conflicts, and lack of parental skills.

The review of literature also revealed factors that account for changes in parent skills' practices throughout the years. Eitzen (1992) mentioned four social forces that account for the differences between today's young people and young people of 15 years ago: the changing economy, the changing families, the changing government policies, and the racial and ethnic landscape. Eccles, et al. (1993) found a relationship between problematic adolescents and changes in their family conflicts. They mentioned studies where apparently during adolescence there is an increase in family conflicts, especially with the adolescents and their mothers, over issues of autonomy and control.

In addressing the mothers' conditions, Rosenbaum (1989) found that the mothers of delinquent children are often socially isolated, and they lack the social support and financial resources needed to cope effectively with the environment. Studying juvenile delinquency, Morash and Rucker (1989) mentioned that environmental factors such as mother's income is one of the good predictors of delinquency; that there is a strong relationship between

adolescent delinquency and mother's limited education and related economic disadvantage, especially without a biological father. Morash and Rucker (1989) also noted that child-management techniques (parental aggression or passiveness) are related to children's delinquency.

Other authors who searched for the relationship of children's behavior and mothers' characteristics include Booth, et al. (1992). They found that mothers of children with maladaptive behavior "had few friends, little support, and many problems in their lives" (Booth et al., p. 29). They described the negative environmental conditions that affect the mother's ability to develop a positive relationship with her children. These negative conditions are primary elements that predispose children to engage in antisocial behavior, contribute to poor social adjustment and, in turn, result in faulty academic achievement.

The literature also mentioned research that concentrates on the study of the biological relationships of the mother and the child. For example, Tyler (1992) noted that mothers who engage in the use of drugs during pregnancy predispose their children to irritability and lethargy that impair them for effective social interactions and for academic work.

Concentrating in the future implications of the antisocial behavior of children, Gresham (1990) as Eccles, et al. (1993) said that problems in childhood predict

serious negative outcomes in adulthood, such as dropping out of school, juvenile delinquency, adult criminal behavior, and psychopathology. Rosenbaum (1989) also mentioned that delinquents with the most serious records have criminal parents and come from large families with low incomes.

In terms of the impact in the school setting, Gresham (1990) discussed that the development of socially competent behavior should be an important focus in school settings. He stated that interpersonal relationship problems in childhood can predict serious negative effects in adulthood such as dropping out of school, juvenile delinquency, adult criminal behavior, and psychopathology. He also said that the deficit of social skills serves to differentiate between students classified as having behavior disorders from those with handicapping conditions, and that teachers consider certain social skills as essential for success in class.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of this practicum was to modify children's antisocial behavior by helping their mothers develop the affective skills of awareness, receiving, responding, and valuing as defined by Bloom (1964) in his taxonomy of the affective domain. As a long term goal it was expected that if the children develop appropriate social skills, they will be gradually removed from the restrictive special education setting.

Behavioral Objectives

The specific objectives of this practicum were that after the 32-week implementation period, 20 of the 25 participating mothers were able to:

1. Demonstrate awareness and willingness to modify their children's antisocial behavior through a record of attendance and participation in at least 15 out of 24 practicum-related activities.
2. Demonstrate an enhancement of their repertoire of social skills and accepted behavior in 7 out of 10 social interactions as observed and recorded by the writer.

3. Demonstrate improvement of their ability to model socially accepted behavior to their children in 5 out of 7 mother-child interactions as measured and recorded by the writer's direct observation.
4. Demonstrate improvement of overall parental skills in 5 out of 7 situations requiring appropriate parental guidance as measured by the writer's direct observations and the mothers' self-reports.
5. Demonstrate enhancement in their ability to cope with stress and the management of their emotional life by listing more than 5 signs of distress and more than 3 suggestions for courses of action to follow as measured by Barley's Parent Handout for Step 1 (Barley, 1987).

Measurement of Objectives

The writer used a variety of instruments to measure the behavioral objectives and to evaluate the progress and effectiveness of the practicum. During the first session, the writer distributed and discussed a written plan of activities as a way to help the scheduling of the services to be rendered during the implementation. This plan of the services served to document the delivery of the identified services and was reviewed every month. The writer and the participating mothers discussed and signed a written contract (see Appendix A). This contract contained specific tasks and activities that the mothers would undertake, such

as: attending sessions; sharing experiences and ideas; contributing in the topics of discussion; performing verbal and/or written evaluations of the activities; allowing the writer to do behavioral observations of the mothers and the children at school, at home, and at social activities; and giving permission to examine the students records.

Throughout the implementation process the writer kept an attendance record of the number of participating mothers present in each activity. This data was used as an indicator of the degree of their compliance and willingness to participate in an intervention strategy to modify their children's antisocial behavior.

To measure the participating mothers' repertoire of adult social skills, the writer created an Affective Skills Inventory based on suggestions from Bloom's (1964) taxonomy of affective skills (see Appendix B). This 20-item inventory used a Liekert's scale of 3-point attitude rating (never, little, frequently) to measure the degree of the participants' insight in some aspects of the affective skills of awareness, receiving, responding, and valuing. The participating mothers answered the inventory at the beginning of the implementation period and repeated it at the end of the intervention. The writer's purpose was to identify the degree of change in the mother's perception of their knowledge and attitudes in the social-affective domain. This degree of change served as an indicator of

their improvement in social skills produced as a result of the intervention experience.

The writer was also interested in measuring the participants' acceptance of social behavior and their ability to model them. For this purpose the writer kept a record as written logs of behavioral observations of the participating mothers during the sessions, at home, and at social gatherings throughout the intervention period.

The writer conducted direct observations of the interactions between the mothers and their children in the school, at home and at social gatherings. The writer recorded these observations using the coding form for Recording Parent-child Interactions developed by Barkley, 1987. The time elapsed from the mother's command to the child's response was measured in minutes and recorded as a command-response gap. The closing or decreasing in the command-response gap of mother-child interactions were used to measure the mothers' ability to model socially-accepted behavior for their children and to demonstrate the mothers' parental skills as moderators of their children's behavior.

A general assessment of the mothers' characteristics, the children's characteristics, and the family stressors was obtained through a mother's questionnaire. For this purpose the writer used The Parent Handout for Step 1: Profile of Child and Parent Characteristics and The Parent Handout for Step 1: Family Problems Inventory, both developed by

Barkley (1987). These questionnaires served to evaluate the mothers' ability to list signs of distress and to suggest courses of action for solutions. Two sets of responses were obtained: one set at the beginning of the intervention process and another set obtained at the end of the implementation period. The comparison of these responses served to evaluate the mothers' increase in their awareness of the child and parent characteristics, and the family processes involved in the development and manifestation of the behavioral pattern of their children. The increase in quantity and quality of responses served as indicators of the mothers' enhancement of their ability to cope with stress and manage their emotional life. The writer helped those mothers that had limited education and could not read or write on the forms.

The mothers were expected to provide verbal and/or written self-reports in response to the practicum's activities attended. The writer used these self-reports to measure the mothers' level of understanding of their parental skills and of their role as models of their children's social competencies. These mothers' self-reports and the writer's record of behavioral observations served as an ongoing evaluation to check the level of development of the mothers' affective, social, and parental skills; and as reactions to help the writer improved the planning for the following experiences in the intervention process.

The children's behavior was recorded throughout the intervention period. The writer reviewed monthly reports of the children's behavior compiled by the teachers and the mothers. The teachers submitted the information recorded in the classroom and other school areas with Conners' Teachers Rating Scales (Conners, 1989) which measured four components: conduct problem, hyperactivity, inattentive-passive, and hyperactivity index. The mothers recorded the children's behavior at home with Conners' Parent Rating Scales (Conners, 1989) assessing six factors: conduct, learning, psychosomatic problems, impulsiveness, hyperactivity, anxiety, and hyperactivity index. These observations served to compile information of possible changes in the students' behavior that in turn served to evaluate the effectiveness of the intervention delivered by the writer.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

The mothers of some children in the writer's work setting needed to develop effective ways to help their children decrease their antisocial behavior, but these mothers lacked the necessary insight to be effective in their modeling of prosocial skills. The literature provides support to the claim that there is a general concern regarding the search for solutions to modify the antisocial behavior in children. In this search many theories have developed, and different methods have been used. Families, schools, and society have been cited as possible arenas for the attainment of this goal. Though authors differ in the focus of their research (definitions, assessment methods, classification of disorders, long-term effects, associated risk factors, causality, and possible solutions) all of them agree that behavioral problems have an impact on the students' academic performance. Eccles et al. (1990) mentioned that the families and the schools need to provide an environment that changes simultaneously and at the same paces as the children do in order to succeed in controlling negative psychological changes in adolescents. These authors suggested a method to achieve this harmonious balance at the

school level, and mentioned that there is the need to create a similar design to work at home.

One author concerned with the impact of the students' social behavior in the education process is Gresham. In 1990 Gresham cited a social validity definition which he created in 1983. He defined social skills in terms of the school setting and mentioned that the social outcomes might include peer acceptance, academic achievement, and school adjustment. He argued that a good definition can lead to a better understanding of the behavior being targeted for intervention, the acceptability of the intervention, and to assessment of the effects of the intervention. Reimers, Wacker, and Koeppl (1987) as well maintained that in order for a solution to be effective, the researchers have to consider the factors that affect the acceptability of behavioral treatment intervention.

Gresham's (1990) solution comprises a comprehensive assessment sequence for social skills based on the teachers' ratings, parents' ratings, direct observation of classroom behavior, sociometric, and self-report of the student. He said that assessment results should differentiate skills deficits (student has not learned the skills) from performance deficits (the student fails to perform) to decide the appropriate intervention for correction of the behavior. Once the deficit area is identified, social skills training can be done.

Many authors agree with the view that there are different factors that need to be explored searching for a solution to curb the children and adolescents' antisocial behavior in school. Gresham (1985) indicated that a functional analysis should be an integral part of behavior assessment for any intervention purpose. In 1990 he suggested that distinction between "can't do" and "won't do" behavior problems should be established before deciding the type of intervention to be carried out. He mentioned studies that found that the antecedents of the behavior should be examined to reduce the undesirable behavioral outcome.

Guetzloe (1990) goes a step further by establishing as her main concern the need to create appropriate educational programs to deal with the violent, aggressive, and antisocial students. She mentioned that the reasons for these programs are the aggression and antisocial behavior that teachers and educators must deal with in the classroom. Although she advocated that aggressive and violent students must receive special education services, she provides suggestions for prevention. Guetzloe followed the public health model of prevention that presents three levels of prevention: primary, secondary, and tertiary. At the level of primary prevention, Guetzloe suggested education of the public about the origin and prevention of violence, reduction of the use of drugs and alcohol, and provision of

the basic needs, i.e. food and shelter.

Guetzloe (1990) emphasized secondary prevention as the key intervention for the schools. She suggested that the schools should provide appropriate educational programs for all children including the teaching of prosocial behavior and cooperative working. She also suggested that districts and schools should work together in developing procedures to manage violent and aggressive behavior in children and youth. At the tertiary prevention level, Guetzloe indicated that this prevention entails more drastic measures such as incarceration, treatment, and rehabilitation. These measures usually take place at out of school environments such as alternative placement and community-based programs and are mainly geared toward chronically violent youth whose prognosis is poor.

Family functioning and participation in controlling children's behavior are factors widely mentioned in the literature as in need of exploration. Taylor (1991) said that early education programs that include improvement in family functioning are likely to achieve positive results in providing the children with a positive inclination toward school. Morash and Rucker (1989) suggested family intervention as a key factor in delinquency prevention. Tyler (1992) expressed that the early transition into schooling is positively mediated by supportive interpersonal relationships with parents, teachers and peers. Epstein and

Cullinan (1992) suggested a multidisciplinary-team approach where parents and teachers work together to resolve the children's behavior problems. Guetzloe (1992) agreed with the above mentioned authors. Furthermore he expressed that curbing the aggressive behavior of some students is not the sole responsibility of the school, but that it is a task that requires the collaboration of family, peers, and community. Guetzloe (1992) also suggested that in order for the children to learn the necessary skills for survival in their world including prosocial behavior, community agencies and service providers have to work together with the parents.

Sheridan and Kratochwill (1992) found that parental participation in their children's education lead to an increased academic progress, improved social skills, enhanced self-image, enhanced positive attitude towards school, increased school attendance, and decreased discipline problems. They found that parents who work cooperatively with the school showed an improved parent-child interaction and developed more effective parent skills that resulted in the use of more positive forms of parent skills and reinforcement. These authors present the model of a parent-teacher behavioral consultation that serves as a collaborative effort to collect data of the children's behavior in different environments and to generate problem-solving efforts. They agree with Taylor (1991), Morash and

Rucker (1989) and Tyler (1992) that the participation of parents has an impact in the children's academic progress and in decreasing their discipline problems. According to these authors a behavioral consultation approach has three main characteristics. First it has an indirect service delivery in wich the consultation is between a mediator-consultee. Secondly it uses the theory and techniques of behavioral psychology. Finally it has an structured operational process of steps that should be followed in this consultation process: identification of the problem, identification of the factors that might affect a possible solution, the plan for treatment implementation, and the treatment evaluation.

A different approach was used in the Cambridge-Somerville study of 1942 and discussed by McCord (1992). In this study a social worker provider served as a provider of adult guidance to prevent the development of antisocial behavior in boys living in poverty and considered at risk to engage in delinquency. The boys were randomly assigned to either one of two groups: control group or experimental group where the social worker interacted closely with the boys assigned and their families. The results of the study showed that the provision of supportive guidance was not enough control to prevent the onset of antisocial behavior in children.

Other ideas have been cited in the literature to be explored in search for solutions to reduce youth's antisocial behavior. Among them is the application of mental health methods of behavior-modification techniques, i.e. time out, for the reinforcement of social skills training and for strengthening the development of prosocial behavior not only in children, but in adults as well. A possible solution is to examine children's history including medical, academic, psychological, social environment and major familial influences. Yet other solutions are based on the support of parent-child positive expression of affection, examining parental expectations and interests, and enhancing parental awareness of available resources.

Barkley (1987) developed a complete program for clinicians to train parents in the management of children that are noncompliant with commands and rules. His focus is to train the parents to develop an effective way to give positive feedback and approval, to pay attention to the child, and to give positive reinforcement through poker chip/point system and time out.

Tremblay et al. (1992) mentioned studies where parent-management training programs were successful forms of changing children's disruptive behavior. These studies hypothesized that changing the parents' behavior (parental skills) will have an impact in the children's behavior. Subsequently, Tremblay et al. suggested a more successful

method, an interactive model where there is a simultaneous training of parental skills and social skills for both parents and children respectively. They stated that when the intervention concentrates on changing children's behavior, while the parent's behavior is also addressed, there is a greater likelihood of preventing delinquency.

Focusing on the training of the mothers, Booth et al. (1992) described the risk model in which the mothers of infant babies are empowered by enhancing their social competencies and management skills. These authors sustained the theory that mother and child are interdependent, thus changes in the mothers' adult competencies will result in a positive-mother child relationship that in turn will produce positive outcomes in behavior patterns.

Description of Selected Solutions

In an effort to reduce the children's antisocial-behavior patterns within the classroom setting and in other settings, the writer facilitated the development of affective skills (awareness, receiving, responding, and valuing) in selected mothers. The writer's intention was that via a comprehensive approach that entailed the use of combined strategies, the mothers would examine different elements that, according to the literature, constitute risk factors for deviant behavior in children: personal and familial patterns of behavior, parental background, patterns

of family structure, setting of boundaries, parental and familial sources of stress, and family dysfunctions. The writer believed that through the discussion and analysis of these factors, the mothers would enhance their affective skills that in turn would strengthen their parental skills, coping skills, and problem solving strategies, and would enable the mothers to examine their modeling tactics, and their influence on their children's behavior patterns.

The population selected for this practicum comprised children at a stage of development, early adolescence, in which the literature attested that there is an upheaval in family conflicts especially between mothers and their children. This particular population of mothers and children was chosen because ecological conditions had prompted them to exhibit antisocial behavior.

The proposed solution was formulated after careful scrutiny of different alternatives, thus it encompassed a variety of approaches mentioned in the literature. It was inspired by the risk model approach of Booth et al. (1992) who described the behavior in children as a product of many conditions such as: setting, endogenous factors, mothers' social competencies, and mother-child relationship. The writer's proposed solution was a multifarious comprehensive intervention that was inclusive of the mothers, the children, the teachers, and the community. It was aimed to ameliorate the burden of the mothers who were frequently

blamed as solely responsible for the children's antisocial behavior. The mothers were provided with a nonjudgemental environment in which they were granted free expression in conjunction with the opportunity of learning from each other as well as from the knowledge and experiences of the writer and other professionals in the field of behavioral sciences and education. The writer believed that the development of affective skills is a primary step toward becoming able to effectively seek and negotiate services in an urban innercity environment.

This parental intervention was an integration of different procedures including exploration, familiarization, observations, and applications of prosocial behavior patterns. Emphasis was placed on the development of the mothers' affective skills in order for them to model positive behavior for their children. Through a group setting, colloquium-type, as the method to revise the affective skills described by Bloom (1964), the writer applied Roger's (1983) person-centered (humanistic facilitation) approach to help mothers fused their personal and parental values with the acquisition of desirable social behavior for themselves and their children.

The proposed training was conducted during a period of eight consecutive months. The steps followed were centered on the provision of a group discussion environment in which participating mothers could feel secured enough to verbalize

their parental modes and their concerns regarding their children's behavior. The mothers were encouraged to participate actively and to foster interactive learning, mutual problem solving, and mutual acceptance. They were offered the opportunity of networking among themselves and were provided with role playing experiences as a way of modeling prosocial behavior. In addition, the mothers received relevant information from guest speakers.

Every two months the writer provided the mothers with an opportunity to visit different places in the community that served as an experiential site visits to demonstrate social interactions with their children and with other persons. These interactions enabled the writer to observe and to monitor the mothers' social behavior and mother-child interactions outside the home and the school setting. Every two months the writer engaged in a home visit to observe the mother in an activity with their children and observe mother-child interactions at home. All mother-child interaction observations were used to monitor maternal follow-up of strategies geared toward moderating their children's problematic behavior.

The writer received information about the children's behavior in the classroom setting and at home. The teachers provided the writer with a monthly report of the students' behavior in the school, and the mothers supplied a monthly report of the children's behavior at home. The writer

discussed the information with the providers and gave them feedback of the observations.

Report of Action Taken

The administrative arrangements to carry out the implementation of this practicum were completed before the intervention. The writer presented the goals, objectives, proposed service, support plan, and evaluation tools to the principal of the school for his approval. After approval was obtained, a list of 25 mothers of children presenting antisocial behavior problems was organized to identify those mothers who would benefit from the intervention. Subsequently, the writer organized a meeting with the identified mothers. Twenty-two of the 25 identified mothers attended the initial meeting in two separate sessions. The participating mothers were asked to allow two hours of their time to review the agenda of the proposed intervention. The principal of the school provided refreshments, and a selected room to enhance the comfort of the group.

The writer prepared a package of materials and distributed it among the participating mothers during this initial meeting. A general overview of the intervention strategy and the projected time line for implementation was discussed and the mothers' interest in the plan was assessed via informal discussion with them. The writer also prepared

an outline underlining the intentions of the writer, and presented it to the mothers.

A reduction of the group of participating mothers and their children took place at the inception of the intervention. This reduction was due to different reasons: the sudden demise of one of the mothers, the removal from his natural mother's home of one student who was involved in a criminal case, and a foster mother who refused to get involved with the group due to racial issues. In the first session the writer signed a contractual agreement with 22 mothers instead of the projected 25. In this agreement the participants gave the writer permission to observe the children and to review their school records. The participating mothers also completed the Affective Skills Inventory and answered Barkley's Parent Handout for Step 1: Profile of Child and Mother Characteristics and Family Problems Inventory.

Copies of Conners' Parents Rating Scales were distributed to the participants to record their children's behavior at home. When the writer intended to instruct the participating mothers in the use of these scales to record their children's behavior, the writer was forced to make an important change in recording data. The writer discovered a lack of literacy skills among some of these mothers and a limited English proficiency in other cases. The most severe case was a mother who was totally illiterate and had

difficulties when she was required to read and fill out material. Though the writer assessed the participating mothers' level of understanding of English in the oral form, she did not anticipate such a great discrepancy between the participants' level of oral communication and their understanding of written material. Thus, the writer assumed the role of a reader for the less literate mothers, while in other instances she served as a translator to facilitate the process of filling out the necessary forms for the implementation.

Considering the language barrier and the difficulty experienced by some mothers in reading, the writer decided not to use Conners' Parents Rating Scale as a monthly mothers' self-report. Instead it was used as a preintervention and as a postintervention tool, with the writer present when the mothers completed them. To further facilitate the process, the mothers were required to submit an oral-monthly report instead of the written report as it was proposed.

In terms of scheduling, the writer encountered that the mothers chosen as the population for the practicum live throughout different communities in the city. This situation made it difficult for the writer to reunite all of these participants simultaneously in a monthly basis and to do home-visit for all of them during the same month. Thus, the writer decided to visit only five homes per month and to

observe the mother-child interactions of the other cases in her office, at school, or at social gatherings. The writer also decided to carry out the proposed colloquia with the mothers who could attend during an hour and one-half per session per month. The writer asked those mothers who could not attend during that particular schedule to allow at least one hour of their time to meet with the mothers that did attend and to devote any free time to meet with the writer individually or in small groups. This arrangement allowed all the participants to discuss the issues and solutions presented at each meeting. Some mothers volunteered to serve as liaisons and relied the information to the mothers who could not attend at a particular time.

In the course of this month of preparation the writer completed the classroom observations for each student involved in the practicum activities. Their classroom teachers were interviewed to secure their involvement in the observation process. The writer provided the teachers with the Conners' Teachers Rating Scales, instructed them in the use of this instrument to record the students' behavior within the classroom setting, and asked them to provide oral reports as well as written reports in a monthly basis.

The writer also examined the records of the children including social history, psychological assessment, and educational-evaluation reports. The participating mothers were interviewed individually with their children and data

was gathered to update the information obtained through the students records.

During Month 1 of the implementation, the writer analyzed the mothers' responses to the Profile of Child and Parent Characteristic, the Family Problem Inventory, and the Affective Skills Inventory. The writer also met with the participating mothers for a two-hour period to establish the group. The writer observed and recorded the composition of the group, established the expectations, distributed and discussed the monthly schedule for the meetings. The writer received written and verbal information from the participating mothers.

The writer also completed observations of the mother-child interactions and information of the students' behavior in the classroom and at home through the teachers and mothers' reports. The writer analyzed the data submitted. She found that one of the participating mothers was mandated to live in a drug-rehabilitation center and another one decided to withdraw after her granddaughter died of Acquired Immune Deficiency Syndrome. The remaining 20 participating mothers attended their first site-visit in the community. They visited a graduation activity. This served as an experience of self-awareness and reassurance and served as the topic to initiate the discussion during the next colloquium.

In the course of Month 2 of the implementation process, the monthly colloquium's agenda focused on the initial stage for developing the skills of awareness, willingness to receive, and selective attention in preparation for the development of the receiving domain. It included a definition of desirable behavior and an introduction to what constitute reasonable expectations for children's behavior. A female expert in social services working with children with special needs was a guest speaker for this session and provided the participating mothers with specific strategies on how to help their children with school work.

The writer did the monthly observations of students' behavior in the school and discussed the cases with teachers and other school personnel and completed the mother-child interactions. The focus was in observing the skills of awareness, attention, receiving, and responding.

Continuing with Month 3 of the implementation the participating mothers met in the monthly colloquium meeting. The focus of discussion was developing the skills for effective responding. The mothers defined the desirable behavior in adults and reasonable expectations for children's imitation of parental behavior. A social worker, member of the School Based Support Team (SBST) was the guest speaker. He provided the participating mothers with stress management techniques and self-esteem awareness, and with information concerning different services and agencies

within the community and on how to gain access to services.

As in the previous month, the writer obtained a monthly follow-up and observations of children's behavior in the school and at home. The writer completed the discussion of children's behavior with teachers and with the mothers and interpreted the collected data. A site-visit was conducted to a public agency utilizing the public transportation system. The writer observed the mothers' modeling of social values and social behavior to their children.

Month 4 of the practicum's implementation coincided with the opening of the schools after the summer vacations for the students attending regular education. Due to an asbestos contamination affecting a great number of school buildings, a crisis ensued resulting in a delay of two weeks in the opening of the schools. The asbestos crisis had a negative impact upon the mothers and students enrolled in the practicum population. The writer's school was required to accommodate special education classes from another school, thus the student population involved in the practicum was required to shift in the use of the classrooms and share the school facilities. During the early days of this arrangement, the children appeared to cope in a positive manner. As time passed, the students resented the intrusion of other children in their space as it impinged upon their daily activities and class schedules. Though the children seemed to be aware of the need for the new

accommodations, their discomfort and frustration became manifested in a heightened degree of misbehavior in the school and at home as well.

Two participating students were particularly affected by the asbestos situation. Their social behavior was distressed to such a degree as to require changes in medication. Based on the introduction of new psychotropic medication, the writer decided to withdraw these two cases from the practicum experience. The writer realized that the changes in the behavior of these two children might not be attributable to the intervention, but rather to the effects of the medication. The mothers of these two children continued their participation in the activities, but their data was not recorded and their evaluation was not completed neither by the mothers nor by the writer.

The asbestos crisis also affected the educational schedule of the students under observation and made it difficult for the writer to gather the information from the teachers. Thus, the writer decided to request the teachers to submit an oral-monthly report and to fill out the Teachers' Rating Scales every two months instead of monthly as previously agreed. This measure was proven effective as the teachers were receptive to it and were willing to prepare the requested feedback in this manner.

During Month 4, the monthly-colloquium meeting and group follow-up observations were carried out. This time the

colloquium meeting focused on socially desirable values, personal preferences for values, and personal commitment to a given set of values. The importance of behavior in testing the commitment to a value and the development of commitment toward education were discussed. An asbestos expert was invited to provide the mothers with information about asbestosis and lead poisoning. The asbestos crisis was used as an example of the parents' commitment toward their children education. Sex education in school and the epidemic of the Acquired Immune Deficiency Syndrome were also explored in connection with particular personal preferences for values.

The participating mothers not only expressed their concerns about the conditions of the school and how it affected their children, but they were also able to voice their concerns clearly. They took important actions geared toward the resolution of the problem, such as writing letters to politicians to demand pertinent actions.

The writer also carried out the monthly follow-up and observations of children's behavior in the school and at home. She discussed the children's behavior with the teachers and with the mothers. The mother-child interactions were concentrated in observing the values related to order, responsibility, discipline, authority, boundaries, and affective expressions.

The participating mothers met again in their monthly-

colloquium during Month 5. They analyzed and differentiated children's antisocial behavior and learned to identify and to conceptualize the values that underline specific behavior. They discussed the relationship between the values and their organization to gain insight in how to weight alternatives and judge their appropriateness to the environment. They discussed their parental role and the skills associated with that role.

Despite the commitment of a foster mother and a grandmother to participate in the intervention, they were excluded on Month 6. A foster child was removed from her foster home and was sent to another city. A grandchild was removed from school due to deterioration of his behavior manifested through constant fights with his classmates. The fights were triggered by phenotypical characteristics that resulted in gender confusion. This status was exacerbated by this youngster's knowledge of his mother's terminal illness.

The writer made the monthly follow-up and observations of children's behavior in the school and at home. A site-visit to a restaurant was conducted to observe mother-child interactions.

During Month 6, the monthly colloquium meeting and group follow-up observations focused in the analysis of behavioral consistencies at home, in school, and in other settings based on the consistency of values and their organization. The group analyzed the ways to resolve

problems, face situations, and gain power. The participants discussed the commitment to social stability based on the individual's conduct in life, and discussed future goals and expectations.

The monthly follow-up and observations of children's behavior in the school and at home was made by the writer. In the mother-child interactions the writer concentrated in observing the appropriateness and control of behavior, the mothers' communication skills, the organization of values and the consistency of the behavior in different settings.

The colloquium on Month 7 was dedicated to the discussion of the importance of the parent-teacher conferences and how to make the experience more effective for the academic progress of the children. An expert, member of a parent advocacy group, came to facilitate the discussion. She brought a list of topics and questions that the parents should discuss with the teachers and assisted the participants instructing them on how to address the pertinent issues. The participating mothers expressed their feelings toward the school, the teachers, and the education system in general.

The site-visit for Month 7 was devoted to attend a show celebrating the festivities of Kwanzaa. Some of the children participated in the show.

Month 8 was concentrated on the improvement of self-esteem and self-image. An expert in Nutrition Sciences

talked to the participants about the body, its needs, and its care. The focus of discussion was on the impact of the body on the environment and vice-versa.

The writer met with the teachers for the last time during Month 8. The writer discussed with them the comparison of the results of the Conners' Teachers' Rating Scale from the inception to the end of the intervention. The writer received the teachers' feedback of the intervention and suggestions for future interventions. The writer also completed the home visits, recorded the participating mothers' oral reports and collected their written reports.

There was a follow-up meeting on Month 9 that concentrated in the evaluation of the intervention strategy and the collection of suggestions for future interventions. The writer obtained an evaluation of the intervention strategy and received feedback from the mothers. The participating mothers responded to the Family Problems Inventory, to the Profile of Parent and Child Characteristics, and the Affective Skills Inventory. The evaluation activity finalized with an end-of-program celebration where the writer distributed certificates of completion (See Appendix F). One of the participating mothers did not attend this final gathering and did not completed the written evaluations, thus she was also excluded in the final analysis of data.

CHAPTER V

RESULTS, DISCUSSION, AND RECOMMENDATIONS

Results

In the writer's work setting, 25 children of average and above average intelligence, classified as emotionally disturbed, were placed in a restrictive Specialized Instructional Environment (SIE VII) because of their antisocial behavior. This pattern of antisocial behavior has been associated in the literature with the limited social skills of their mothers. With the purpose of reducing the antisocial behavior of children, the writer provided a training in affective skills, as underlined by Bloom (1964) in his taxonomy of the affective domain, to the mothers (mother figures) of these children as the target population. The solution strategy consisted of an eight-month participation in 24 different activities: eight colloquium type meetings, four home visits, four individual meetings with the writer, four site-visits, and four written evaluations. The participating mothers were exposed to issues pertaining attitudes toward education, stress management, self-worth, awareness, strategies and ways of dealing with problems, methods to relate effectively with other adults, parental skills, behavior consistency, factors that affect their children's behavior, and relationships

with their children's teachers. In addition to the colloquia, the participating mothers were given the opportunity of individual follow-up with the writer and experiential learning through participation in different activities throughout the community.

The model developed for the evaluation consisted of eight data collection components: (a) attendance records, (b) pre-post intervention affective skills inventory, (c) mothers self-reports, (d) command-response gaps of mother-child interactions, (e) changes in the profile of child and mother characteristics, and family problems inventory, (f) results of teachers rating scales, (g) results of mothers' rating scales, and (h) changes in students' prory, (f) results of teachers rating scales, (g) results of mothers' rating scales, and (h) changes in students' programs.

The involvement of mothers in the intervention experience was the first objective of this practicum. The writer used the attendance records as an indicator of the interest of the participating mothers to address the issue of antisocial behavior of their children. The participants commitment to attend and to participate in the activities served as an indicator of their understanding of their role as model in their children's social behavior.

In this first specific objective it was expected that at the end of the eight-month implementation period, 20 out 25 of the participating mothers would show an attendance record of 18 or above out of 24 activities. This attendance

record was considered a 75% total compliance to the proposed intervention. Attendance at 14 to 17 activities (60% to 74%) was considered a satisfactory compliance record. An attendance of less than 14 activities (less than 60% attendance) was considered as unsatisfactory compliance with the intervention.

The first objective of this intervention envisioned the participation of 25 mothers which was not possible to achieve by the time of the first meeting, due to the retreat of 3 targeted mothers and their 3 children. Therefore, the intervention was carried out with 22 participating mothers and their 22 children. The attendance records exhibited by the participating mothers are shown in Table 1.

Table 1

Attendance Record of Participating Mothers N = 22

Sessions	Mothers
20 - 24	6
18 - 20	4
14 - 17	6
9 - 13	4
< 12	2

Table 1 revealed that 10 out of 22 participating mothers were considered to be in total compliance with the practicum activities, and 6 were considered as satisfactory compliance for a total of 72.2% of the cases. The other 6 participating mothers, 27.8% of the total, did not exhibit satisfactory attendance to considered in the final steps of the intervention. The attrition of 2 of the 6 participating mothers who exhibited satisfactory attendance, yet did not complete the neccesary written material, induce the writer to speculate if these 2 mothers derive any gains from their participation in the program.

The second objective of this practicum was that at the end of the eight-month implementation period, the participating mothers would demonstrate an enhancement of their repertoire of adult social skills and accepted behavior in 7 out of 10 social interactions as observed and recorded by the writer. This effort was measured with the use of the Affective Skills Inventory developed by the writer. This inventory was used to measure the participating mothers' social skills via the recording of the changes in the inventory's attitude scale. Change on this scale was suggested as an increase in the insight of adult affective skills and a growth in the awareness of attitudes and knowledge of the participating mothers toward modeling adult social skills to their children. A comparison of the participating mothers' responses before and after the

implementation period served to identify their degree of change of insight into their affective competencies and their social modeling strategies, produced as a result of the proposed strategy. A record of change in 5 or more of the 20 items of the inventory was considered as an improvement in the affective skills of the participating mothers.

Though 22 participants completed the preintervention inventory, 9 cases were excluded from the final analysis due to attrition or because the postintervention data was not completed by the participants. Thus, the total number of respondents was of 13 for a 65% response rate. The degree of change of the participating mothers' affective skills was obtained comparing the preintervention responses with the postintervention responses of those 13 respondents. The data is recorded in Table 2. The 13 cases were organized in alphabetical order, and a number was assigned to simplify the organization of data and future comparisons.

Changes in the number of answers of the Affective Skills Inventory suggested that the degree of change varies from 7 to 15 items, with a mode of 10, an average point of 10.30, and a median of 10.0. It is important to note that the change was apparent not only in the number of questions answered, but also in the quality of the responses, suggesting a more flexible way of thinking.

Table 2

Degree of Change in the Affective Skills Inventory N = 13

Case	Items changed
1	11
2,3	10
4,9	12
5,10,11	8
6,13	7
7,12	13
8	15

The Affective Skills Inventory was also used as a guide to observe and record the participating mothers' behavior in social interactions during the group's meetings, at home, and at site visits. According to the writer's logs of behavioral observations of the participating mothers, all the 13 participants had increased the number of accepted behavior that reached and surpassed the projected 7 out of 10 social interactions foreseen in the second objective.

The third objective of this practicum was that after the eight-month implementation period, the participating mothers would demonstrate an improvement in their ability to model socially accepted behavior to their children in 5 out of 7 mother-child interactions. These interactions were measured and recorded by the writer with the Barkley's (1987) recording form for parent-child interaction. The

time elapsed from a command that a participating mother gave to her child to the child's positive response was analyzed to assess the changes in the gap of command-response interval. A decrease in the command-response gap indicated an enhanced compliance by the child, thus reflecting an improvement in the level of parental guidance by the mother. A decrease in this gap of 5 min or more was recorded as an improvement in the mother-child interactions, indicating an improvement in the mothers' ability to model appropriate behavior and an enhancement in the mother's parental skills.

The command-response intervals of the last five observations of mother-child interactions are displayed in Table 3. Only the 13 cases representing the participating mothers who completed the evaluations are presented. The examination of this data shows a tendency of the interval between the command and the response to decrease over time in each case. This decrease in the gaps indicates a decrease in the time required for the mother's command to elicit the child's response. Therefore, the writer feels that the third objective for the intervention was achieved: that the participating mothers' ability to model appropriate behavior and their parental skills would be enhanced as a result of the intervention. As shown in Figure 1, the writer found that the average scores of all the intervals between the mother-command and child-response decreased from 5.92 min to 1.85 min, thus closing the command-response gap.

Table 3

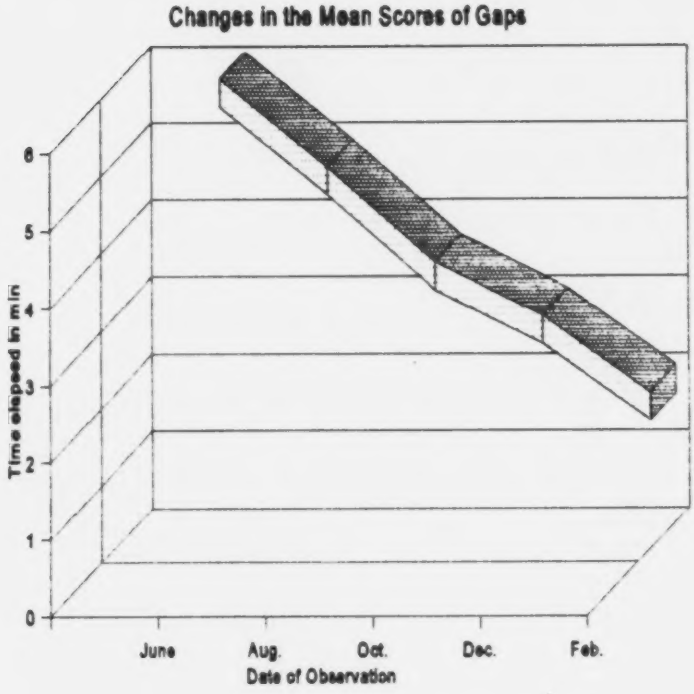
Record of Command-Response Mother-Child Interactions

Case	Time	Gap	Range
1	7:1; 6:1; 8:3; 5:3; 6:4	6;5;5;2;2	4
2	7:2; 5:2; 6:3; 5:2; 5:4	5;3;3;3;1	4
3	9:2; 11:1; 9:4; 7:4; 7:5	7;10;5;3;2	8
4	6:2; 3:2; 5:2; 6:3; 5:4	4;3;3;3;1	3
5	7:1; 6:1; 7:5; 6:3; 5:3	6;5;2;3;2	4
6	8:2; 7:1; 6:2; 6:3; 4:3	6;6;4;3;1	5
7	7:2; 5:1; 5:3; 6:2; 5:3	5;4;2;4;2	3
8	7:2; 6:1; 5:2; 6:2; 5:3	5;5;3;4;2	3
9	8:2; 5:3; 6:2; 5:2; 7:4	6;2;4;3;3	3
10	9:1; 6:1; 7:2; 6:3; 5:3	8;5;5;3;2	6
11	9:1; 8:2; 7:3; 5:3; 6:4	8;6;4;2;2	6
12	8:2; 6:2; 6:2; 4:2; 6:3	6;4;4;2;3	4
13	7:2; 6:2; 5:3; 4:2; 3:2	5;4;2;2;1	4

Mean Scores of the Gaps (in min): 5.92; 4.77; 3.54; 2.85; 1.85

Figure 1

Changes in Mean Scores of the Command-Response Intervals Recorded in the Mother-Child Interactions



The fourth objective of this practicum was that at the end of the eight-month participation in an affective skills training, a group of mothers would demonstrate improvement of overall parental skills in 5 out of 7 situations requiring appropriate parental guidance as measured by the writer's direct observation. These parental skills were observed and recorded by the writer using the participants' attitudes and behavior during the mother-child interactions and the mothers' self-reports. The decrease in the time of the children's compliance to the mother's command showed a quantitative measurement of the improvement of the participants parental skills.

To measure the level of understanding that the participating mothers had of their role as models of their children's social competencies, the writer used the mothers' verbal and written self-reports of the activities attended. The writer considered that the participating mothers' response to 80% of the activities was a solid understanding of their role as models of their children's social competencies. Whereas, the verbal or written response to 70% of the activities attended was considered a satisfactory understanding of the same role. The writer observed that all 20 participating mothers responded to each activity that they attended, thus the mothers' self-reports varied in content and in number according to the activities attended by each participant.

The writer noticed that the skills of responding improved and became more apparent as the women gathered more often and when they engaged in playful activities. When the activities involved playing the participating mothers could enjoy themselves and laughed more. They were more receptive when the activities were geared toward the teaching of the children than when they were directed to do things for they own satisfaction. They were also better able to enjoy activities in which they were directed as opposed as when they were left without guidance.

The participating mothers could verbalize their feelings of entitlement regarding their role as providers of emotional support and nurture of their families while taking little for themselves. Some of them expressed that they were very attached to their children and that it was difficult to detach from them and to engage in activities in which their children were not involved.

The participants were also able to express their concerns about their children's education. One of the most crucial feelings expressed was a discomfort about what was perceived as a lack of commitment and sensitivity on the part of some teachers.

The last objective of this practicum was that at the end of eight-month of participation in an affective skills training, the participating mothers would demonstrate enhancement in their ability to cope with stress and to

manage their emotional life. This objective was intended to be evaluated through the participants' ability to identify personal and familiar situations that could affect their children's behavior. This ability was assessed via listing more than 5 signs of stresssful situations and to make at least 3 suggestions for courses of action when presented with those situations. This last objective was measured using the Barkley's Profile of Child and Parent Characteristics, and Family Problem Inventory. Two recordings (one before and one after the intervention) were made with the intention to measure a variation in the quantity as well as in the quality of the responses obtained from both measurements. This variation served the writer as an indicator of the degree of change of awareness produced as a result of the intervention experience. The response to questions served the writer to obtain an overview of the improvement in the participating mothers' awareness of the issues that influence upon their emotional life and in turn upon their children's behavior. The mothers' enhanced awareness served as a possible gauge of their ability to identify and to manage stressful situations, thus contributing to their children's social behavior.

At the inception of the intervention, 22 mothers completed Barkley's questionnaires. All of these participants were able to mention at least 2 stressors, but none of them mentioned possible solutions to those problems

and they did not ask for help. At the end of the intervention, the writer noticed that there was a tendency by the participating mothers to identify only those stressors that were most salient in a given situation while disregarding stressors that were present in their daily family dynamics. A possible element influencing these mothers' tendency could be interpreted as their way of dealing with very precarious conditions of living while preserving the self. To deal with this situation, the writer asked the participating mothers to mention other stress-producing situations that were not present at that time but that made an impact upon their families. The participants were able to cite other sources of family stress including examples of situations in which they have been involved and the feelings triggered by the discussed situations. The writer used these verbalizations in addition to Barkley's questionnaires.

Thirteen participating mothers completed both Barkley's postintervention questionnaires. All of them filled out the profile of mother-child characteristics and mentioned more than five child's characteristics and more than five mothers' characteristics that tended to exacerbate their children's behavior. These 13 mothers also completed the inventory of family problems. Nine mothers listed 3 problem areas and proposed solutions for them. Four participants responded with only 2 problem areas and gave solutions for

them. Based on this information, the writer understands that the practicum experience can be considered successful in the attainment of its last objective.

The children's development of prosocial behavior was monitored via reports submitted by their teachers and their mothers. The teachers reported their observations using Conners' teacher rating scales. These reports served the writer to follow-up the possible changes in the children's behavior at school that could emerge as a result of the practicum intervention. The students' performance on the Conners' Profiles are reported as T-scores. The Conners' teacher rating scales measure four areas: conduct problems, hyperactivity, inattentive-passive, and hyperactivity index. The average of the T-scores of the teachers' first and last reports are presented in Table 4.

The monthly classroom observations of the participating children that the writer performed indicate results that are congruent with the mean of the T-scores provided in the teachers' reports of the students' behavior. There are some individual cases that present an outstanding degree of change while others present a more modest movement toward socially accepted behavior within the classroom. These variations can be explained in terms of individual differences in the students coupled with differences in teaching and reporting styles of the teachers. These differences are contributing factors for the degree of

impact of the practicum intervention.

An illustration of a teacher's perception of change in students' behavior are the students showed in the data as cases number 1 and 11. Case number 1 is the student who manifested the highest degree of change in the classroom. According to the writer's logs and the teacher's evaluation, at the beginning of the intervention, this youngster exhibited disregard for the teacher's authority. He was always disrupting the class by provoking other students into physical confrontation, getting out of seat, and even walking out of the classroom as he pleased. At the end of the intervention, this student presented himself as a youngster with more control and more focused on his education, able to display respect toward authority, and as a manageable student within the classroom setting.

At the other end of the spectrum was the student presented as case number 11 who according to the teacher's report showed the least degree of change. The teacher's perception of this youngster's behavior remained basically unchanged despite his mother active participation in the affective skills training. Comparing these two cases, the writer noticed that the student number 11 (who presented a lesser degree of change) did not present such a severe behavioral impairment at the onset of the intervention as did the student number 1 (who changed the most).

Table 4

Teachers' Reports on Students' Behavior (T-scores on the Conners' Teacher Rating Scales)

Case	Preintervention	Postintervention	Change
1	78.00	43.75	34.25
2	49.75	44.25	4.50
3	51.50	44.25	7.25
4	60.00	41.25	18.75
5	77.00	47.75	29.25
6	71.00	63.25	7.75
7	65.25	47.50	17.75
8	60.75	49.50	11.25
9	64.60	44.30	20.20
10	78.50	65.80	12.70
11	64.75	62.50	2.50
12	72.20	66.07	5.50
13	67.50	63.20	4.30
Mean	66.21	52.57	13.53

Concurrently with the teachers observations, the changes in the children's behavior were monitored at home by the participating mothers. At the inception of the practicum intervention, as well as at the end of the intervention, the participating mothers completed Conners' parent rating scales. The scores are reported as T-scores. These reports of the children's behavior served the writer to examine the

ongoing changes in the children's type and frequency of antisocial behavior at home. The parent rating scales measure six components: conduct problem, learning problem, psychosomatic, impulsive-hyperactive, anxiety, and hyperactivity index. The average of the T-scores of the six components are presented in Table 5.

Table 5

Mothers' Reports on Students' Behavior (T-scores Conners' Parent Rating Scales)

Case	Preintervention	Postintervention	Change
1	58.16	52.33	5.82
2	48.50	43.16	5.34
3	64.50	48.88	15.66
4	59.33	50.33	9.00
5	70.40	49.66	20.74
6	81.16	67.33	13.82
7	73.80	50.00	23.80
8	53.66	42.33	11.33
9	61.25	48.50	12.75
10	67.10	50.90	16.20
11	84.00	76.30	8.70
12	74.60	58.30	6.30
13	69.30	62.50	6.80
Mean Scores	66.60	53.89	12.71

The change in students' behavior, before and after the intervention, as observed by the teachers at school and by the mothers at home are compared on Table 6. The Conners' T-scores on the rating scales allows for comparison of both settings. The mean of the T-scores at home and at school are presented in Figure 2.

Table 6

Students' Behavior Reported by the Teachers and Mothers

Case	Teachers	Mothers
1	34.25	5.82
2	4.50	5.34
3	7.25	15.66
4	18.75	9.00
5	29.25	20.74
6	7.75	13.82
7	17.75	23.80
8	11.25	11.33
9	20.20	12.75
10	12.70	16.20
11	2.50	8.70
12	5.50	6.30
13	4.30	6.80
Mean	13.53	12.71

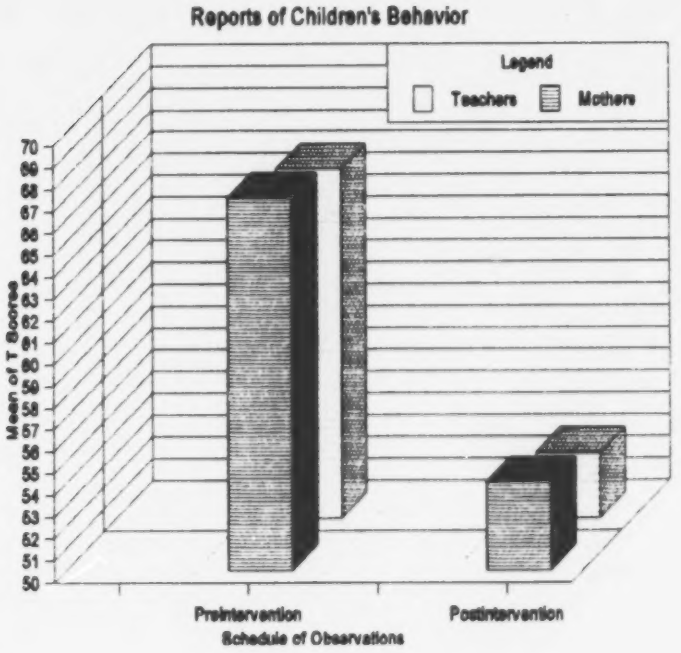
When comparing the index of change in the children's behavior both at home and at school, the writer noted that in some cases the degree of change in school behavior was remarkably higher than the change noted by the mother at home. This difference can be attributed to the acquisition of a deeper understanding by some children that their school's behavior was related to their school setting. Some students demonstrated a desire to attend classes in the general education setting and made efforts to exhibit prosocial behavior at school. Apparently their mothers' involvement in the intervention process did not seem to help these children to change their behavior at home. However, the mothers' participation has provided the children with the necessary commitment to adjust their school behavior in order to ask for a change of school. Presumably, the children were more relaxed at home and manifested less change in their customary behavioral pattern.

As presented in Figure 3, the averages of all the cases of the teachers' and mothers' behavioral observation of the children are very similar. The mean of the T-scores for all the children in the preintervention observation was 66.21 in the teachers' report and 66.60 in the mothers' report. During the postintervention the mean of the T-scores for all the children was 52.57 for the teachers and 53.89 for the mothers. Figure 3 illustrates that the students' antisocial behavior decreased with the intervention in each case.

Though there were quantitative differences in some cases in particular, the differences in all the cases (as observed by the mothers and teachers) were very similar.

Figure 2

Comparison of the Mean of the T-Scores in Teachers' Report and Mothers' Report



The changes in the children's behavior observed and recorded by the mothers were compared with the results of the parent-child interactions gathered by the writer. This comparison was intended to establish a possible pattern of change between parent-child relationship and the children's behavior at home and at school. This comparison is presented in Table 7.

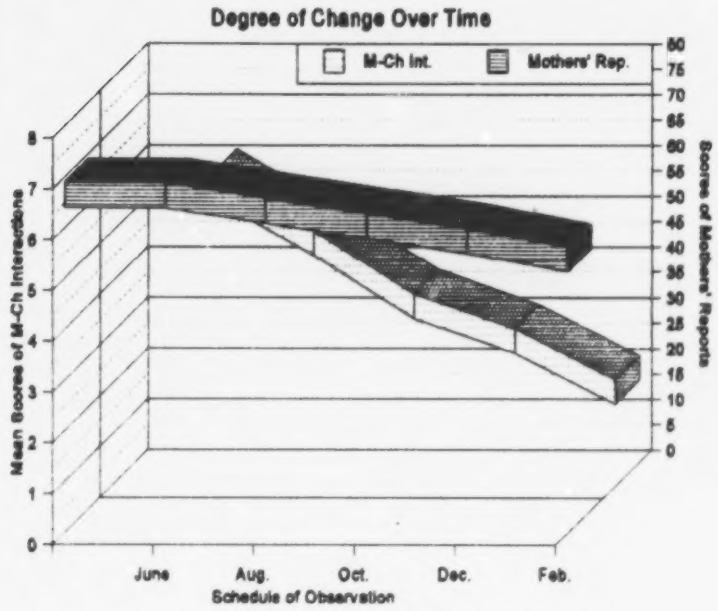
Table 7

Degree of Change in Mothers' Reports and Intervals in Mother-Child Interaction

Case	Mothers	Intervals
1	5.82	4
2	5.34	4
3	15.66	8
4	9.00	3
5	20.74	4
6	13.82	5
7	23.80	3
8	11.33	3
9	12.75	3
10	16.20	6
11	8.70	6
12	6.30	4
13	6.80	4

Figure 3

Changes in Mother-Child Interaction and Mothers' Reports of Changes in Children' Behavior



Studying particular cases in Table 7 it is apparent that the changes in the children's behavior observed by the participating mothers are not congruent with the decrease in the command-response in mother-child interactions observed by the writer. However, presenting all the cases as a whole through the evaluation of the mean scores (mean scores of the gaps during 5-months recordings and mean scores of the mothers' reports pre-post intervention) it is noticeable that while the children's social skills improved, the command-response interval decreased (see Figure 3).

Changes in the children's behavior and gaps in the mother-child interaction data were compared with the changes in the mothers' responses to the Affective Skills Inventory. This comparison was useful in determining if there was a relationship between the mothers' affective skills and the children's changes in behavior in each particular case. This comparison served also as an evaluation tool of the effectiveness of the intervention program delivered by the writer. The contrast of the cases is illustrated in Table 8.

Based on the data presented in Table 8, the writer concluded that there is no quantitative correlation between the improvement in the participating mothers' affective skills and the decrease in the command-response interval in any individual case. This is clearly represented in Figure 4.

Examining the recorded data of all the children, comparing the average of change, it is clear that there is a decrease in the interval of command-response in the mother-child interaction while the participating mothers' affective skills improved. This is exhibited in Figure 5.

Table 8

Mothers' Affective Skills and Intervals in Mother-Child Command-Response

Case	Affective Skills	Range of Intervals
1	11	4
2	10	4
3	10	8
4	12	3
5	8	4
6	7	5
7	13	3
8	15	3
9	12	3
10	8	6
11	8	6
12	13	4
13	7	4

Figure 4

Changes in Mothers' Affective Skills and Changes in Mother-Child Interactions

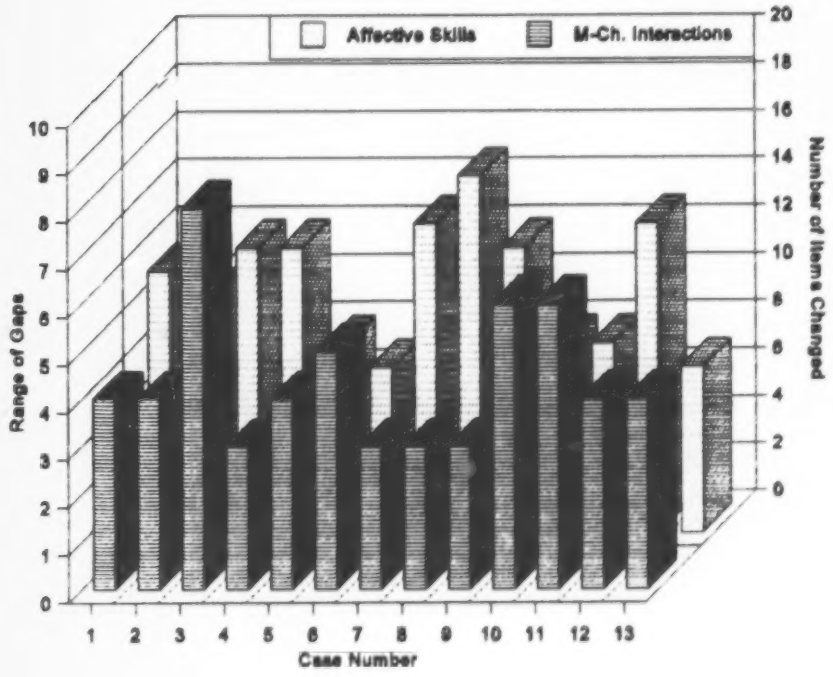
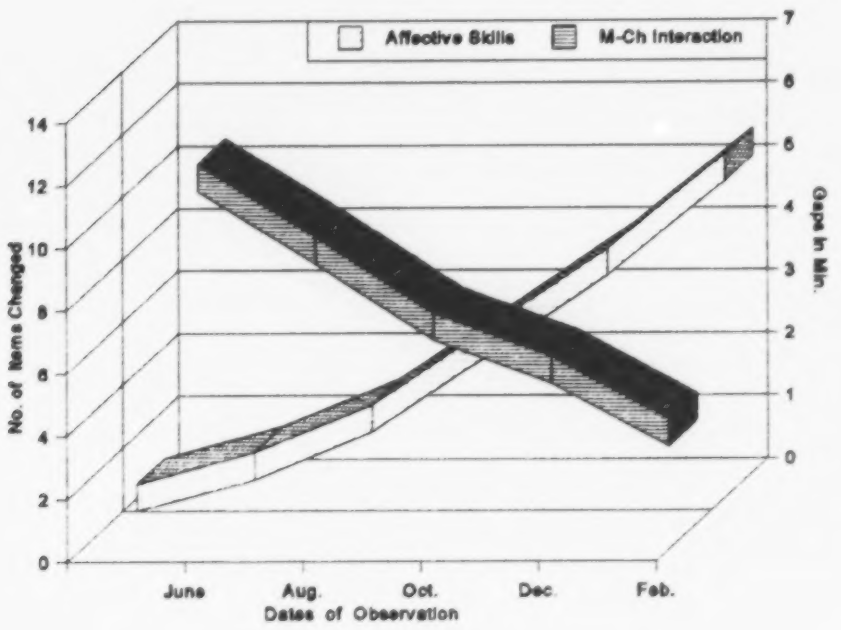


Figure 5

Mean Scores in Mothers' Affective Skills and Mean Scores in Mother-Child Interaction



The long-term goal of this practicum was that the children develop appropriate social skills in the school setting, so that they would be gradually removed from the restrictive educational setting (SIE). This goal was partially achieved. Of the 13 participating students whose mothers completed the practicum intervention, 2 students were decertified from special education, 6 students were moved to a less restrictive setting, and 3 students entered the process of reevaluation for possible decertification. The reevaluation process was discussed in consultation among mothers, teachers, and the writer at the end of the practicum experience. Based on these results, the writer concluded that the affective skills training was effective in enhancing the children's social skills and performance in school.

Discussions of results

As society becomes more complex and families become more fragmented, the schools' role is expanding to accommodate the increasing demands of the children's needs. The review of literature provided a diversified body of information containing solution strategies to address the problem of antisocial behavior of children. Though the authors uphold different views on how to solve the problem, many of them agreed that mothers are an important component

in the process of modeling social behavior to their children. Thus, helping the mothers is frequently mentioned as a key factor in the modification of inappropriate behavior of students (Booth et al, 1992).

Mothers' training is often mentioned in the literature as an effective solution strategy for helping the mothers facilitate social skills in their children. One type of intervention is the parent-management training program proposed by Barkley in 1987. Another type of training was the comprehensive-assessment sequence suggested by Gresham (1990) who advocated for a more wholistic social, affective, and cognitive approach.

The writer's idea of developing affective skills in the mothers came from the risk-model approach developed by Booth et al. (1992). In this model the authors conceptualized that the development of deviant behavior in children is due to negative setting conditions, endogenous child factors, adult faulty competencies, and mother-child relationships. Though these authors worked with mothers and their infants (less than nine months old) the components of their risk model motivated the writer to incorporate this model's elements into this practicum.

The risk-model approach encouraged this writer to combine the ideas of many authors such as Bloom (1964), Rogers (1983), Barkley (1987), and Conners (1991) in a comprehensive procedure to cover the model's components.

The idea of presenting the participating mothers with a colloquium type discussion group stem from the writer's experience as an educational facilitator. She was successful in helping college students to develop affective skills using Rogers' (1964) person-centered therapeutic approach.

Studying the results obtained with the implementation of the practicum, the writer agreed with Booth et al. (1992) and Tremblay et al. (1992) in stressing the importance of conducting the intervention experience with the inclusion of mothers and their children. The writer realized that if the intervention was conducted for either the mothers or the children in isolation from each other there would be a lesser opportunity of a behavior change.

Gresham (1990) is one of many authors who has mentioned the close interactions between the social skills learned at home and exhibited at school. This notion gave the writer the idea of combining home and classroom observations. She thought that the combination of classroom observations and home observations would contribute for the children to understand that the expected behavior in society did not have to differ from the expected behavior at home. Results of this practicum illustrate the degree of change of behavior achieved by the participating children. The positive changes in the mother-child interactions, in the mothers' affective skills, and in the mothers' parental skills suggest that the training for the mothers

(encouraging their active participation in their children's educational process) resulted in more appropriate behavior by the children. This change of the children's behavior facilitated the students' movement toward placement in a less restrictive educational setting or general education.

The mothers and the teachers did not necessarily coincide in their reports in the change of the children's behavior. The child who received the highest improvement in the teacher's report only received a few points of improvement in the mother's report. Conversely the child who received the lowest achievement in the teacher's report was perceived as having achieved a great improvement in the mother's report. It is important to clarify that the degree of expectation varies from home and school, and that the children started at different levels in both mothers' preintervention reports as well as in teachers' preintervention reports. Thus, the children who started with a more severe degree of antisocial behavior seemed to have achieved more benefits from the intervention. Nonetheless, when the mean of change of the teachers' reports was compared with the mean of change of the mothers' report, the difference seemed to level off as both mean were similar.

There were important factors that influenced the children's behavior in the school setting. Teachers' teaching styles and teacher-children ratio appeared to influence the children's behavior progress. The writer

observed that there were teachers who permitted a flexible, yet structured, atmosphere that allowed for self expression of feelings and opinions while providing the students' with clarity of expectations. The students of these teachers were more willing to receive constructive criticism and were more willing to change their behavior than students of teachers with a less-flexible teaching style. The writer also observed that when the teachers had fewer students in the classroom they had more time for students' direct supervision, immediate feedback of antisocial behavior, and encouragement for accepted behavior. This approach resulted in an enhancement of positive behavior in the classroom and in other school areas.

Rosenbaum (1989) and Booth et al. (1992) discussed the mothers' characteristics of social isolation and lack of social support as contributing factors to their inability to model socially accepted behavior to their children. The writer found that the participating mothers were very socially attached to their children. She observed that providing the opportunity for the women to gather as individuals, without the interference of their children, did not necessarily free them from the constant preoccupation about their children even when they were in the same building as their children.

Morash and Rucker (1989) mentioned low income and limited education as contributing factors for the lack of

socially accepted behavior. During this intervention the writer experienced the participating mothers' lack of literacy skills as a barrier for their enhancement of knowledge and comprehension of concepts such as the interrelation of themselves, their family, school, and society. The income factor was also a controlling element in the participants' mobility to the practicum's activities.

The writer noticed that though the participating mothers have shown great difficulties in changing their actual practices for controlling their children's antisocial behavior, they seemed more willing to explore new alternatives for intervention. Some mothers had shown signs of awareness of themselves and of their circumstances and have started to take new approaches, but they still need a great deal of validation as they assume a more assertive parental role. Participating mothers became more receptive toward advice and communication from the School Based Support Team and their children's teachers. They also became more open among themselves.

Recommendations

With the completion of this practicum, the writer concluded that though mothers are usually very resistant to change their actual practices of relationship, they seemed more willing to explore new alternatives for intervention.

The participating mothers also seemed to be more willing to open the lines of communication with their children's teachers. However, there are some recommendations that the writer will like to share with those who might want to engage in a similar experience.

1. Assess the participants' level of reading and language skills before the intervention to make the necessary adjustments.
2. Choose mothers to participate in a voluntary basis to ascertain their participation during the intervention.
3. Avoid inclusion of students who are using psychotropic medication in a long-term basis.
4. Schedule time for individualized meetings with each of the participating mothers and teachers in a monthly basis. The length of the colloquium and their style for group discussions might not allow enough time for mothers to describe all of their particular concerns and to discuss each individual student's case.
5. Encourage the mothers and teachers to share their observations and comments and give them simultaneous feedback.
6. Arrange for an informal meeting of the mothers and the teachers to share their feelings concerning children's behavioral progress.
7. Secure availability of a transition-education program when the children appear ready to move into a less

restrictive school environment.

8. Be prompt to make special concessions when working with children who are under the care of foster mothers.

9. Be aware that a long intervention that includes many personal aspects such as home visits, may lead itself for dependency needs on the part of the mothers. Therefore, maintain yourself focused on the objectives of the intervention.

10. An implementation of some literacy program can be carried out as an outgrowth of the intervention.

Dissemination

Principals of other schools within the district, with similar special education programs as the one used in this practicum, have requested for repetition of the same mothers' affective skills project. Some special education teachers have asked the writer to prepare a similar training for mothers of children who receive special education in other programs and who are also in need to control their social behavior. The director of an agency that renders psychological services to children in fostercare has invited the writer to present this training for the fostermothers who take care of the children in their program.

The Regional Bilingual Coordinator, the District Clinical Supervisor, as well as the District Committee of

Special Education Chairperson has consulted the writer and requested that she extend the project to include the mothers of children presently attending regular education settings who have been identified as "at risk" of developing antisocial behavior. Some members of the District Committee on Special Education have asked the writer to extend the program to include the fathers of the children.

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APPENDIX A

INTERVENTION CONTRACT

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INTERVENTION CONTRACT

MOTHER NAME_____ PSYCHOLOGIST_____
CHILD NAME_____ DATE _____

MOTHER'S ACTIVITIES:

___1. Give permission to examine the students records.
2. Allow the writer to perform behavioral observations of themselves as well as of their children at school, at home, and at social activities.
3. Allow the writer to observe the mother-child interactions in their home setting.
__ 4. Attend colloquium monthly sessions and bimonthly site visits.
5. Share experiences.
_ 6. Ask pertinent questions.
7. Contribute to the topics of discussion.
8. Maintain confidentiality of information shared in the group.
9. Perform written evaluations in form of logs of the activities.

WRITER:

1. Provide a secure environment where mothers' concerns are respected and their issues are maintained confidential.
2. Review the students records upon permission from the mothers.
3. Perform behavioral observations of the students in the school setting, at home, and at social activities.
4. Consult with the students' teachers in regard to the children's social behavior and academic progress.
5. Schedule a calendar of activities, including group discussion, home visits, site visits and observation of mothers and children' social behavior.
6. Lead group interactions and discussions to facilitate the development of affective skills and to foster parental skills building.
7. Invite experts in the area of education, health, and social work to provide mothers with effective strategies to deal with their children's antisocial behaviors.
8. Provide written checklists for the mothers to evaluate themselves and their children.
9. Provide refreshments to enhance the comfort of the group.
10. Provide a certificate of completion.

Mother's signature _____Date __
Psychologist signature _____Date _____

APPENDIX B

AFFECTIVE SKILLS INVENTORY

APPENDIX B

AFFECTIVE SKILLS INVENTORY

Read the following questions and answer them as honestly as possible. If your answer is NOT AT ALL or NEVER give yourself a 0. If your answer is JUST A LITTLE give yourself a 1. If your answer is VERY MUCH OR FREQUENTLY give yourself a 2.

1. When I am right in something, I don't accept other people opinions.	0	1	2
2. I don't pay attention to the feelings of the people that are doing something if what they are doing is not of my interest.	0	1	2
3. It is easy for me to make and keep friends.	0	1	2
4. I think that the problems and situations at home should not be dealt with in school.	0	1	2
5. I like to maintain myself in the places I know rather than going to new places.	0	1	2
6. I am always the same, it does not matter where.	0	1	2
7. I think I worry to much about everything.	0	1	2
8. I like to hear lectures or watch radio talk shows about political and social problems.	0	1	2
9. I don't like people telling me what to do, I like to run things - my own way.	0	1	2
10. I would like to do voluntary work in the community, but I don't have the time for that.	0	1	2
11. No matter how hard I try, I can never finish the things that I start.	0	1	2
12. I enjoyed reading, listening to music, playing, and going places with my family.	0	1	2
13. People who earn their living should not be required to do as much school work as other students.	0	1	2
14. I will like to understand how people come to hold the attitudes and beliefs which seem silly to me.	0	1	2
15. I attend public meetings to protest against things that I regard as unfair.	0	1	2

16. I find that reading a book is of little help in understanding myself and my problems. 0 1 2

17. Good to know, but it doesn't help me to find out that other people are apparently troubled by the same sort of problems and difficulties I have. 0 1 2

18. I think that women are still not prepared to run for president of the United States. 0 1 2

19. It takes a lot of effort to convince me of something that I don't really believe. 0 1 2

20. I am the type of person that lets herself to be pushed around. 0 1 2

APPENDIX C

CERTIFICATE OF COMPLETION

APPENDIX A

INTERVENTION CONTRACT

APPENDIX A

INTERVENTION CONTRACT

MOTHER NAME_____ PSYCHOLOGIST_____
CHILD NAME_____ DATE _____

MOTHER'S ACTIVITIES:

___1. Give permission to examine the students records.
2. Allow the writer to perform behavioral observations of themselves as well as of their children at school, at home, and at social activities.
3. Allow the writer to observe the mother-child interactions in their home setting.
__ 4. Attend colloquium monthly sessions and bimonthly site visits.
5. Share experiences.
_ 6. Ask pertinent questions.
7. Contribute to the topics of discussion.
8. Maintain confidentiality of information shared in the group.
9. Perform written evaluations in form of logs of the activities.

WRITER:

1. Provide a secure environment where mothers' concerns are respected and their issues are maintained confidential.
2. Review the students records upon permission from the mothers.
3. Perform behavioral observations of the students in the school setting, at home, and at social activities.
4. Consult with the students' teachers in regard to the children's social behavior and academic progress.
5. Schedule a calendar of activities, including group discussion, home visits, site visits and observation of mothers and children' social behavior.
6. Lead group interactions and discussions to facilitate the development of affective skills and to foster parental skills building.
7. Invite experts in the area of education, health, and social work to provide mothers with effective strategies to deal with their children's antisocial behaviors.
8. Provide written checklists for the mothers to evaluate themselves and their children.
9. Provide refreshments to enhance the comfort of the group.
10. Provide a certificate of completion.

Mother's signature _____Date __
Psychologist signature _____Date _____

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APPENDIX B

AFFECTIVE SKILLS INVENTORY

APPENDIX B

AFFECTIVE SKILLS INVENTORY

Read the following questions and answer them as honestly as possible. If your answer is NOT AT ALL or NEVER give yourself a 0. If your answer is JUST A LITTLE give yourself a 1. If your answer is VERY MUCH OR FREQUENTLY give yourself a 2.

1. When I am right in something, I don't accept other people opinions.	0	1	2
2. I don't pay attention to the feelings of the people that are doing something if what they are doing is not of my interest.	0	1	2
3. It is easy for me to make and keep friends.	0	1	2
4. I think that the problems and situations at home should not be dealt with in school.	0	1	2
5. I like to maintain myself in the places I know rather than going to new places.	0	1	2
6. I am always the same, it does not matter where.	0	1	2
7. I think I worry to much about everything.	0	1	2
8. I like to hear lectures or watch radio talk shows about political and social problems.	0	1	2
9. I don't like people telling me what to do. I like to run things - my own way.	0	1	2
10. I would like to do voluntary work in the community, but I don't have the time for that.	0	1	2
11. No matter how hard I try, I can never finish the things that I start.	0	1	2
12. I enjoyed reading, listening to music, playing, and going places with my family.	0	1	2
13. People who earn their living should not be required to do as much school work as other students.	0	1	2
14. I will like to understand how people come to hold the attitudes and beliefs which seem silly to me.	0	1	2
15. I attend public meetings to protest against things that I regard as unfair.	0	1	2

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16. I find that reading a book is of little help in understanding myself and my problems. 0 1 2

17. Good to know, but it doesn't help me to find out that other people are apparently troubled by the same sort of problems and difficulties I have. 0 1 2

18. I think that women are still not prepared to run for president of the United States. 0 1 2

19. It takes a lot of effort to convince me of something that I don't really believe. 0 1 2

20. I am the type of person that lets herself to be pushed around. 0 1 2

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INTERVENTION CONTRACT

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INTERVENTION CONTRACT

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Mother's signature _____Date __
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19. It takes a lot of effort to convince me of something that I don't really believe. 0 1 2

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Training Certificate

Presented to

Has successfully completed a training course for

Developing Affective Skills in Mothers

at

P140 at J275

Presented this 17th *day of* February, 1994

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Celeste Wilson 109

Signature *Signature*

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